## **ENTRY BLANK—PLEASE TYPE OR PRINT**

211,111				Att
Ms./Artist	LISA	KLAUSN	er	
			(las	t name last)
Permanent Address	3070	LAUREZ R	LO SHAL	LERAT
7.tad1000	Street		City	
99120		Daytime Tel. (21)	0) 9913	805
Zip		area	1	
Temporary or Studio Address	1236	OCEAN DR	MAM	BEAU
		Street	City	У
33139 Zip	-	Daytime Tel. (ろらら	-,672	0695
Zip		area		
		in one of the countienere you born?		
Collaborator (if	any)			
Artist will pi	ick up at Mu ould dispose			
	Stre	et		

## **Special Instructions**

City

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

Zip

When necessary, include instructions or a drawing for assembling and displaying an object.

State

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 31, 1987.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature

I have received the unsold/unaccepted object(s) in good condition.

Signature Mula Clausous

NOT ACCEPTED

NOT ACCEPTED

DATE

1987 MAY SHOW The Cleveland Museum of Art Cleveland, Ohio 44106

LISS KLANSNER	
Name	
1236 OCEAN OR	1
Address	1
misma BEACH FLA 33139	
City & State	Zip

NOTIFICATION #2	1-13	Do Not Detach			
☐ Paintings ☐ Graphics ☐ Photography ☐ Sculpture ☐ Crafts					
Title SHERRIFFS RESTAURANT, BLACK RIVER "					
DO NOT WRITE IN THIS SECTION	ACCEPTED	NOT ACCEPTED			
83(3)	X				
Paintings Graphics Photography Sculpture Crafts					
Title RUM BAR, BLOCK RIVER					
DO NOT WRITE IN THIS SECTION	ACCEPTED	NOT ACCEPTED			
84(3)		X			

Return of Objects Not Accepted: April 14-18 Accepted: June 9-13

It is understood that the Museum shall have the right to dispose for its own account any object not called for by the dates listed.